

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>965</u>
Logged In	
Scanned	
Computer	
Audited	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ 1  
( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
( 4 )County Central Committee ( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other  
Political Subdivision Candidate ( 8 )County PAC ( 9 )City PAC ( 10 )School Board or Other Political  
Subdivision PAC ( 11 ) Local Ballot Issue

### CANDIDATE COMMITTEES ONLY:

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties.

Masha Gaskill  
SIGNATURE OF PERSON FILING REPORT

641-752-6908  
TELEPHONE

December 31, 2004  
DATE SIGNED

I AM FILING A October 29, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # ☒ 1

☒ CHECK IF AMENDMENT TO REPORT DATED November 16, 2004

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$ 17,390.70
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	89,363.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b>	<b>\$ 106,753.70</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	97,768.54
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	<b>\$ 8,985.16</b>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	
	\$ 0.00
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	
	\$ 24,049.93
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	
	\$ 0.00
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ 0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/22/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. ColorFx Marketing for mail processing	\$ 3,144.31	<input type="checkbox"/>
10/22/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. U.S. Postmaster for postage	5,879.92	<input type="checkbox"/>
10/22/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. ColorFx Marketing for mail processing	474.52	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 9,498.75	
TOTAL (if last page of this schedule)				\$ 24,049.93	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 4  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	965
Logged In	
Scanned	
Computer	
Audited	

S

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 1

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other  
Political Subdivision Candidate ( 8 ) County PAC ( 9 ) School Board or Other Political  
Subdivision PAC ( 11 ) Local Ballot Access Board

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

Masha Gaskill  
SIGNATURE OF PERSON FILING REPORT

641-752-6908  
TELEPHONE

Nov. 16, 2004  
DATE SIGNED

I AM FILING A October 29, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED October 29, 2004

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

### STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 17,390.70

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

89,363.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** ..... \$ 106,753.70

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...

97,768.54

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 8,985.16

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 14,551.18

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

☒ YES ☐ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
✓ 10/26/04	National Federation of Independent Business ("NFIB") SAFE Trust PAC, 1201 F Street NW, Ste. 200, Washington, DC 20004		Pmt. to NFIB for endorsement letters	\$ 47.56	<input type="checkbox"/>
✓ 10/28/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. to ColorFX Marketing for mail processing	1,120.88	<input type="checkbox"/>
✓ 10/28/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		McDonald Ltrr. Service for printing & postage	2,506.35	<input type="checkbox"/>
✓ 10/28/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. to ColorFx Marketing for mail processing	256.84	<input type="checkbox"/>
✓ 10/18/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. to U.S. Postmaster for postage	3,418.75	<input type="checkbox"/>
✓ 10/22/04	Iowa Farm Bureau Federation PAC 5400 University Avenue West Des Moines, Iowa 50266		In-kind exps. for automated telephone calls for campaign	947.45	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 8,297.83

TOTAL (if last  
page of this  
schedule) \$ 14,551.18

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	965
Logged In	SW
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)

C-7000 1530 0001 8654 5786

McKibben for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

( 1 ) Statewide/Legislative/Judge Standing for Representative Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other  
Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political  
Subdivision PAC ( 11 ) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Harry

Office Sought

NOV 1 2004

FILED

PM 10:29

Political Party (if applicable)

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

Marsha Maskell  
SIGNATURE OF PERSON FILING REPORT

641-752-6908  
TELEPHONE

October 29, 2004  
DATE SIGNED

I AM FILING A October 29, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED See amended report

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 17,390.70

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

89,363.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... \$ 106,753.70

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

97,768.54

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 8,985.16

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 6,253.35

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

### CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☒ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/18/04	ID# CK#	Steven L. Afdahl 20052 Highway D-15 Iowa Falls, Iowa 50126		\$50.00	<input type="checkbox"/>
10/21/04	ID# CK#	Gary L. Brinkmeyer Box 311 Eldora, Iowa 50627		30.00	<input type="checkbox"/>
10/22/04	ID# CK#	Douglas B. Butler 903 W. Southridge Road Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
10/19/04	ID# CK#	Vernon E. Davidson 2412 Linden Avenue Iowa Falls, Iowa 50126		25.00	<input type="checkbox"/>
10/21/04	ID# CK#	Polly Granzow 22978 Co. Hwy. S-55 Eldora, Iowa 50627		50.00	<input type="checkbox"/>
10/19/04	ID# CK#	Arlene M. Hamilton 150 Lark Avenue Iowa Falls, Iowa 50126		100.00	<input type="checkbox"/>
10/22/04	ID# CK#	Hollis L. Havens P.O. Box 123 Steamboat Rock, Iowa 50672		25.00	<input type="checkbox"/>
10/19/04	ID# CK#	Glenda Howard 1327 Siloam Avenue Iowa Falls, Iowa 50126		50.00	<input type="checkbox"/>
10/18/04	ID# CK#	Eric D. Livingston 410 Orchard Drive Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
10/18/04	ID# CK#	Duane L. Lloyd 15051 KK Avenue Iowa Falls, Iowa 50126		30.00	<input type="checkbox"/>
SUB-TOTAL				\$ 510.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/21/04	ID# CK#	Pauline R. Marshall 610 10th Avenue Ackley, Iowa 50601		\$40.00	<input type="checkbox"/>
10/21/04	ID# CK#	Bruce Rastetter 620 Country Club Road Iowa Falls, Iowa 50126		200.00	<input type="checkbox"/>
10/18/04	ID# CK#	Gloria Lawler Reber 104 Mildred Avenue Iowa Falls, Iowa 50126		50.00	<input type="checkbox"/>
10/21/04	ID# CK#	Gary D. Septer 1714 Country Club Place Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
10/18/04	ID# CK#	Mary Sparks 1032 Binford Avenue New Providence, Iowa 50206		25.00	<input type="checkbox"/>
10/15/04	ID# CK#	David E. Thompson 2504 Knollway Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
10/19/04	ID# CK#	Mariam E. Welch 2419 Hackberry Iowa Falls, Iowa 50126		50.00	<input type="checkbox"/>
10/21/04	ID# CK#	Marilyn M. Willits 1787 Marble Road Union, Iowa 50258		25.00	<input type="checkbox"/>
✓ 10/15/04	ID# 6004 CK# 4236	Associated General Contractors of Iowa PAC 701 E. Court Avenue Des Moines, Iowa 50309		2,000.00	<input type="checkbox"/>
✓ 10/20/04	ID# 6056 CK# 3373	Bankers Unite In Legislative Decisions 8800 NW 62nd Avenue Johnston, Iowa 50131		1,000.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,540.00	✓
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
✓ 10/19/04	ID# 8338 CK# 5174	Fareway Stores, Inc.,-PAC 2600 E. 8th Street Boone, Iowa 50036		\$250.00	<input type="checkbox"/>
✓ 10/21/04	ID# 8442 CK# 1108	The Hawkeye PAC Multi Candidate Committee 3400 Woodland Lane Alexandria, VA 22309		10,000.00	<input type="checkbox"/>
✓ 10/21/04	ID# 6250 CK# 2262	Iowa Cable PAC 8350 Hickman Road, Suite 2 Clive, Iowa 50325		250.00	<input type="checkbox"/>
✓ 10/22/04	ID# 6234 CK# 4025	Iowa Farm Bureau Federation Political Action Committee, 5400 University Avenue West Des Moines, Iowa 50266		2,000.00	<input type="checkbox"/>
✓ 10/18/04	ID# 6069 CK# 2240	Iowa Industry Political Action Committee 904 Walnut, Suite 100 Des Moines, Iowa 50309		500.00	<input type="checkbox"/>
✓ 10/21/04	ID# 6430 CK# 1297	Iowa Rural Water State PAC 4221 S. 22nd Avneue E. Newton, Iowa 50208		250.00	<input type="checkbox"/>
✓ 10/15/04	ID# 6101 CK# 3110	Motor Carriers Political Action Committee P.O. Box 6121, East Des Moines Station Des Moines, Iowa 50309		750.00	<input type="checkbox"/>
✓ 10/19/04	ID# 8429 CK# 2535	Property Casualty Insurers Association of America 2600 S. River Road Des Plaines, IL 60018-3286		100.00	<input type="checkbox"/>
✓ 10/21/04	ID# 9161 CK# ACH Wire	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		4,000.00	<input type="checkbox"/>
✓ 10/19/04	ID# 8384 CK# 456	Smithfiled Foods, Inc. PAC 499 Park Avenue, 5th Floor New York, NY 10022		275.00	<input type="checkbox"/>
SUB-TOTAL				\$ 18,375.00	✓
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/20/04	ID# 6155 CK# 004396	Taxpayers United P.O. Box 209 Muscatine, Iowa 52761		\$10,000.00	<input type="checkbox"/>
10/15-10/22/04	ID# CK#	Total unitemized contributions during October 15-22, 2004 time period of \$25 or less		476.00	<input type="checkbox"/>
10/26/04	ID# CK#	Deane Adams 615 Thunderbird Marshalltown, Iowa 50158		25.00	<input type="checkbox"/>
10/26/04	ID# CK#	Nancy L. Ferguson 2751 330th Street Laurel, Iowa 50141		50.00	<input type="checkbox"/>
10/26/04	ID# CK#	Cathy Gethmann Box 220 Gladbrook, Iowa 50635		75.00	<input type="checkbox"/>
10/26/04	ID# CK#	Jennifer L. Heithoff 302 N. 4th Street Marshalltown, Iowa 50158		30.00	<input type="checkbox"/>
10/25/04	ID# CK#	William J. Lorenz 1907 Gethmann Lane Marshalltown, Iowa 50158		200.00	<input type="checkbox"/>
10/26/04	ID# CK#	J.W. Ludley 2208 S. 12th Street Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
10/26/04	ID# CK#	Freida M. McInroy 1905 Knollwood Drive Marshalltown, Iowa 50158		12.00	<input type="checkbox"/>
10/25/04	ID# CK#	Judith Smith 2925 160th Street Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 11,018.00	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	<input type="checkbox"/>

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/25/04	ID# CK#	James S. Sorrels 23607 Hwy. 99 Edmonds, WA 98026		\$250.00	<input type="checkbox"/>
10/26/04	ID# CK#	Dr. Nancy L. Wilson 1502 Brentwood Terrace Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
✓ 10/25/04	ID# 9705 CK# 1067	The Commonwealth PAC P.O. Box 1780 Birmingham, MI 48012-1780		1,000.00	<input type="checkbox"/>
✓ 10/25/04	ID# 6027 CK# 2260	Deere PAC Iowa 666 Grand Avenue, Suite 1707 Des Moines, Iowa 50309		1,000.00	<input type="checkbox"/>
✓ 10/25/04	ID# 6070 CK# 3169	Iowa LawPac 521 E. Locust, Fl. 3rd Des Moines, Iowa 50309		500.00	<input type="checkbox"/>
✓ 10/26/04	ID# 6484 CK# 1576	Iowa Society of Anesthesiologists Political Action Committee, 321 43rd Street Des Moines, Iowa 50312		500.00	<input type="checkbox"/>
✓ 10/26/04	ID# 6087 CK# 1397	Iowa Telecommunications Industry Political Action Committee, 2987 100th Street Urbandale, Iowa 50322		1,500.00	<input type="checkbox"/>
✓ 10/25/04	ID# 6082 CK# 1079	MidAmerican Energy Co. Effective Government Committee, 666 Grand Avenue Des Moines, Iowa 50303		500.00	<input type="checkbox"/>
✓ 10/25/04	ID# 9161 CK# ACH Wire	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		50,000.00	<input type="checkbox"/>
10/23-10/26/04	ID# CK#	Total unitemized contributions during October 23-26, 2004 time period of \$25 or less		620.00	<input type="checkbox"/>
SUB-TOTAL				\$ 55,920.00	✓
TOTAL (if last page of this schedule)				\$ 89,363.00	✓

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/04	ID# CK#	Eldora Herald Ledger 1513 Edgington Avenue Eldora, Iowa 50627	Newspaper advertising	\$ 284.00
10/15/04	ID# CK#	Hubbard Signal Review P.O. Box 457 Hubbard, Iowa 50122	Newspaper advertising	170.00
10/15/04	ID# CK#	State Center Mid Iowa Enterprise P.O. Box 634 State Center, Iowa 50247	Newspaper advertising	160.00
10/15/04	ID# CK#	Marshalltown Times Republican P.O. Box 1300 Marshalltown, Iowa 50158	Newspaper advertising	621.20
10/15/04	ID# CK#	Iowa Falls Times Citizen P.O. Box 640 Iowa Falls, Iowa 50126	Newspaper advertising	332.00
10/15/04	ID# CK#	Marshall County Sun 108 W. Main Marshalltown, Iowa 50158	Newspaper advertising	280.00
10/15/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Postage and certified mail fee for Disclosure Report due 10/19/04	6.49
10/18/04	ID# CK#	Marshalltown Times Republican P.O. Box 1300 Marshalltown, Iowa 50158	Newspaper ads	281.56
SUB-TOTAL				\$ 2135.25
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES:** NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/04	ID#  CK#	Marki McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for sign post materials	\$ 20.03
10/18/04	ID#  CK#	Larry McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for registration fee, hotel & parking to attend 2004 CSG Meeting/Trends & Leadership Forum	1,151.50
10/19/04	ID#  CK#	Victory Enterprises 5200 SW 30th Street, Suite 7 Davenport, IA 52802	Quarterly web hosting fee	90.00
10/21/04	ID#  CK#	The Augustine Company P.O. Box 797 Marshalltown, Iowa 50158	Printing on envelopes & cards	582.89
10/21/04	ID#  CK#	The Augustine Company P.O. Box 797 Marshalltown, Iowa 50158	Printing on invitations, envelopes & cards	489.80
10/21/04	ID#  CK#	Marki McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for meals at Iowa Falls event	94.69
10/21/04	ID#  CK#	Victory Enterprises 5200 SW 30th Street Davenport, Iowa 52803	Television ads	39,000.00
10/21/04	ID#  CK#	Katie J's Catering 3205 S. 14th Street Marshalltown, Iowa 50158	Catering for event at Riverview Park	67.41
SUB-TOTAL				\$ 41,496.32
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 5

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/21/04	ID# CK#	Katie J's Catering 3205 S. 14th Street Marshalltown, Iowa 50158	Catering for Marshalltown House Party	\$ 461.44
10/21/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	October, 2004 Mileage (380 miles @ .375)	142.50
10/21/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	October consulting (31 hours @ \$ 13.00)	403.00
10/21/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	Reimburse for marker and name badges	12.66
10/21/04	ID# CK#	F&M Bank-Iowa 11 North First Avenue Marshalltown, Iowa 50158	Incoming wire fee	10.00
10/22/04	ID# CK#	Eldora Herald Ledger 1513 Edgington Avenue Eldora, Iowa 50627	Newspaper ads for week of 10/25/04	284.00
10/22/04	ID# CK#	Hubbard Signal Review P.O. Box 457 Hubbard, Iowa 50122	Newspaper ads for week of 10/25/04	170.00
10/22/04	ID# CK#	State Center Mid Iowa Enterprise P.O. Box 634 State Center, Iowa 50247	Newspaper ads for week of 10/25/04	160.00
SUB-TOTAL				\$ 1,643.60
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/22/04	ID# CK#	Marshalltown Times Republican P.O. Box 1300 Marshalltown, Iowa 50158	Newspaper ads for week of 10/25/04	\$ 1,553.00
10/22/04	ID# CK#	Iowa Falls Times Citizen P.O. Box 640 Iowa Falls, Iowa 50126	Newspaper ads for week of 10/25/04	332.00
10/22/04	ID# CK#	Marshall County Sun 108 W. Main Street Marshalltown, Iowa 50158	Newspaper ads for week of 10/25/04	280.00
10/22/04	ID# CK#	Farm Bureau Spokesman P.O. Box 670 Iowa Falls, Iowa 50126	Refund for overpayment in newspaper advertising	(152.04)
10/25/04	ID# CK#	Katie McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Consulting for 10/11-10/22/04 time period	400.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2,412.96
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 4 of 5

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/25/04	ID# CK#	Marki McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for sign posts	\$ 8.95
10/26/04	ID# CK#	Deluxe Check Printers 1600 E. Toughy Avenue Des Plaines, IL 60018	ACH debit - one box of checks	16.85
10/25/04	ID# CK#	F&M Bank 11 North First Avenue Marshalltown, Iowa 50158	ACH debit - incoming wire fee for wire from Republican Party of Iowa	10.00
10/26/04	ID# CK#	Victory Enterprises 5200 SW 30th Street Davenport, IA 52803	Outgoing wire - television ads	50,000.00
10/26/04	ID# CK#	F&M Bank 11 North First Avenue Marshalltown, Iowa 50158	Outgoing wire fee to wire funds to Victory Enterprises for television ad buys	15.00
10/26/04	ID# CK#	Bruni Levings 8 N. 8th Street Marshalltown, Iowa 50158	Reimburse for chili supper expenses	29.61
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 50,080.41
TOTAL (if last page of this schedule)				\$ 97,768.54

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/15-10/26 2004	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Office space & computer /printer usage	\$ 100.00	<input type="checkbox"/>
10/15-10/26 2004	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Mileage: 470 mi. @ .375	176.25	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 276.25

TOTAL (if last  
page of this  
schedule)

\$

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule E)



FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97)

IN KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/22/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. to ColorFx Marketing for printing	\$ 483.04	<input type="checkbox"/>
10/22/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. to Christian Printers for printing	5,494.06	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 5,977.10

TOTAL (if last  
page of this  
schedule) \$ 6,253.35

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule E)

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

<b>SCHEDULE</b> <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant		
Katie McKibben		
Mailing Address		
1703 Robertson Drive		
City	State	Zip Code
Marshalltown	Iowa	50158

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

CONTRACT PERIOD (MM/DD/YR) TOTAL ANTICIPATED  
COMPENSATION FOR  
PERFORMANCE

From 10-15-04	\$ 200.00 per week
To 10-26-04	

**ESTIMATES OF PERFORMANCE**

Organize political events and parade activities, recruitment & supervision of campaign volunteers scheduling and data processing.

SUB-TOTAL

TOTAL (If last page of this schedule)

\$
\$

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

<b>SCHEDULE</b> <b>G</b> (Rev. 02/96)	<b>BREAKDOWN</b> <b>OF MONETARY</b> <b>EXPENDITURES</b> <b>BY CONSULTANT</b>
	<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant		
LeAnn Jesina		
Mailing Address		
151 Vogel		
City	State	Zip Code
Ottumwa	Iowa	52501

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 10-15-04	\$ 13.00 per hour plus reimbursement of actual expenses incurred.
To 10-26-04	

**ESTIMATES OF PERFORMANCE**

To advise the campaign committee on matters of organization, volunteer staffing & prepare media advertising copy.

SUB-TOTAL

TOTAL (If last page of this schedule)

\$
\$